



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway
New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): JEFF BLAIR

DATE: 05/05/15

SIC CODE:

ICIS #:

I. Location of Tank(s) <input type="checkbox"/> Tribal		II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.)	
Facility Name GREENBURG FOOD MART		Owner Name CHESTNUT PETROLEUM DISTRIBUTORS, INC.	
Street Address 425 DOBBS FERRY ROAD		Street Address 536 MAIN STREET	
City GREENBURG, NY	State NY	City NEW PALTZ, NY	State NY
Zip Code 10607		Zip Code 12561	
County WESTCHESTER		County	
Phone Number (914) 684-0130	Fax Number	Phone Number (845) 256-0142	Fax Number
Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST		Contact Person(s) SALEM EL JAMAL, OWNER	
IIA. Ownership of Other Facilities			
<input type="checkbox"/> Do you own other UST Facilities <input checked="" type="checkbox"/> No			
If Yes, How many Facilities 89 (NYS) 210 (NATIONWIDE)		How many USTs 323 (NYS) 693 (NATIONWIDE)	
III. Notification			
<input type="checkbox"/> Notification to implementing agency; name State Facility ID # 3-176710 CO DOH (EFFECTIVE THROUGH 03/31/13)			
IV. Financial Responsibility TOKIO MARINE SPECIALTY INS. CO. (EXPIRES 03/13/16)			
<input type="checkbox"/> State Fund		<input checked="" type="checkbox"/> Private Insurance: Insurer/Policy # PHPK 147480	
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit	
<input type="checkbox"/> Local Government	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs)	
V. Release History N/A <input checked="" type="checkbox"/>			
<input type="checkbox"/> To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes / <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Evidence of release or spills at facility			
<input type="checkbox"/> Releases reported to implementing agency; if so, date(s)		<input type="checkbox"/> Greater than 25 gallons (estimate) [280.53]	
<input type="checkbox"/> Release confirmed; when and how			
<input type="checkbox"/> Initial abatement measures and site characterization		<input type="checkbox"/> Free product removal	
<input type="checkbox"/> Soil or ground water contamination		<input type="checkbox"/> Corrective action plan submitted	
<input type="checkbox"/> Remediation ongoing		<input type="checkbox"/> Remediation completed, no further action; date(s)	
Notes: /			

VI. Tank Information	Tank No.	1	2	3	4		
Tank presently in use		YES					
If not, date last used (see Section XII)							
If empty, verify 1" or less left (see Section XII)							
Capacity of Tank (gal)		10,000 G					
Substance Stored		REG GAS		PRE GAS	DIESEL		
M/Y Tank installed/ Upgraded		12/83					
Tank Construction: Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		FRP					
Spill Prevention		SPILL	BUCKETS				
Overfill Prevention (specify type)		HLA					
Special Configuration: Compartmentalized, Manifolded		MANIFOLDED		NO			

VII. Piping Information							
Piping Type:	Pressure, Suction	PRESSURE					
Piping Construction: Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)		DW FRP					

Tank and Piping Notes: /

VIII. Cathodic Protection		N/A <input type="checkbox"/>
Integrity Assessment conducted prior to upgrade		
Interior Lining: Interior lining inspected		
Impressed Current: CP Test records		
Rectifier inspection records		
Sacrificial Anode: CP test records	✓	✓

CP Notes:

Tank No.	1	2	3	4		
IX. UST system used solely by Emergency Power Generator	No					
X. Release Detection N/A <input type="checkbox"/>						
<u>Tank RD Methods</u>	ATG	YES				
	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TTT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TTT					
	SIR					
<u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance)		YES				
Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) <p style="margin-left: 40px;">I REVIEWED TWELVE PREVIOUS MONTHS OF PASSING CSLO RESULTS</p> <p style="margin-left: 200px;">TANK MONITOR → VERNER ROST "TDS-350R"</p>						
<u>Pressurized Piping RD Methods</u>		N/A <input type="checkbox"/>				
<u>12 Months Monitoring Records</u>	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					
<u>ALLD</u> <u>SUD</u>	Annual Line Tightness Test	YES				
	Present	YES				
	Annual Test	YES				
Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure) <p style="margin-left: 40px;">I REVIEWED PASSING LINE & LEAK DETECTOR TEST RESULTS (TEST DATE → 05/14/14)</p> <p style="margin-left: 40px;">USING ELECTRONIC LINE LEAK DETECTORS, TESTING PIPING TO 3.0 GAL/HR, 0.2 GAL/HR AND 0.1 GAL/HR</p>						

XI. RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐Notes: ☒



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM
Underground Storage Tank Team
New York, NY 10007-1366

Facility Name GREENBURG FOOD MART
Address 425 BARBERS FERRY RD, GREENWICH
UST Reg # 3-126310

Inspector Observation Report
Inspection of Underground Storage Tanks (USTs)

☒ No violations observed at the conclusion of this inspection.

☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Potential Violations Observed:

Regulatory Citation	Violation Description
§	
§	
§	
§	
§	
§	
§	
§	

Actions Taken:

☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

Name of Owner/Operator Representative:

Edgar Brundage
(Please print)
[Signature]
(Signature)

Other Participants: _____

Name of EPA Inspector/representative

JEFFREY K BLAIR
(Please print)
[Signature]
(Signature)

(Credential Number)

Date of Inspection 05/05/15 Time 11:20 AM/PM

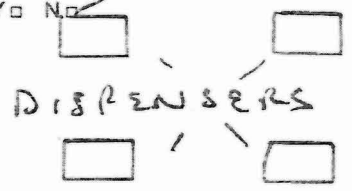
7-176710

SITE DRAWING

DATE: 05/05/15 TIME ON SITE: 10:45 AM TIME OFF SITE: 11:25 AM

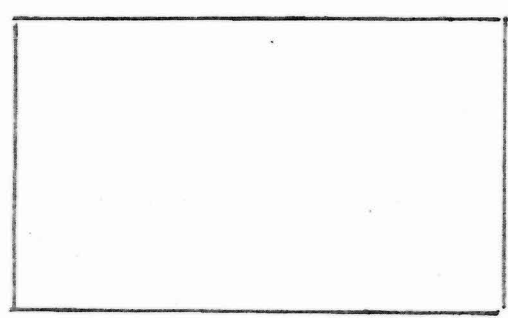
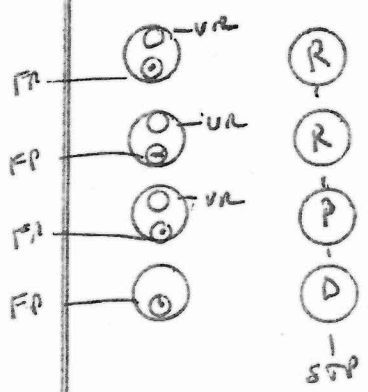
WEATHER: 90° + SUCINTLY OVERCAST

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒
If "Yes", please describe:



CPS ATOP USTs:
41, 036 34' N
-73, 81035' W

PHOTOS



- 035 FP DIE
- 036 STP DIE
- 037 FP PLE
- 038 STP PLE
- 039 FP REC
- 040 STP REC
- 041 FP REC
- 042 STP REC
- 043 FUEL PAD
- 044 HLA
- 045 TANK MONITOR
- 046 AST WO
- 047 SPILL DRUMS
- 048 SITE

Pictures

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? **No**

Deficiencies observed: (Put an X for each observed deficiency)

☐ Potential failure to complete or submit a notification, report, certification, or manifest

☐ Potential failure to follow or develop a required management practice or procedure

☐ Potential failure to maintain a record or failure to disclose a document

☐ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / No**

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? **Yes / No**

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **Yes / No**

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]		✓	
		<input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] <input checked="" type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] <input checked="" type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)] <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure <input type="checkbox"/> CP System is properly operated and maintained <input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.	✓		

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input checked="" type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]	INSTALL DATE LISTED AS 12/83		

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance?		
			N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]		✓	
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]		✓	
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]		✓	
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			A. Inventory Control with Tank Tightness Testing (T.T.T) <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input checked="" type="checkbox"/>			B. Automatic Tank Gauge (ATG) <ul style="list-style-type: none"> <input type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input checked="" type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
<input type="checkbox"/>			C. Manual Tank Gauging (MTG) <ul style="list-style-type: none"> <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <ul style="list-style-type: none"> <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Tightness Testing (Safe Suction piping does not require testing) <ul style="list-style-type: none"> <input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <ul style="list-style-type: none"> <input type="checkbox"/> Tanks – every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping – annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping – every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Ground Water or Vapor Monitoring <ul style="list-style-type: none"> <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Interstitial Monitoring <ul style="list-style-type: none"> <input type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1), 280.43(g)(2)] <input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		G. Automatic Line Leak Detector (ALLD) <input checked="" type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)] <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Work Order Details - TMG-215930

Open

Work Order: TMG-215930 Facility: 425 Dobbs Ferry Rd - Greenburg FM-425 Dobbs Ferry Rd White Plains NY, 10607-1904 (914) 684-0130

Problem Code: Fuel Equipment Sub Problem Code: Vendor: Francis Smith and Son's
 Priority: Routine Gas Brand: Shell Cap Ex
 Open Date: 5/29/2014 Due Date: Claim:
 Caller: joe mccormick
 Description: 1. Correct the issue with the External Overfill Alarm: CCMI Notes: The External Overfill Alarm does not alarm when the probe floats are raised to 90%. The test button on the acknowledgement switch works.

Close

Date Work Completed: 6/4/2014 Minutes Spent: Travel (minutes):
 Rate: Hourly Cause Code: Age Resolution Code:
 Start Odometer: End Odometer: Truck Mileage:
 Problem Cause: 6/4/14-DA ARCHIVED PROGRAMMING ON TANK MONITOR AND SHUTDOWN UNIT. REPLACED OUTPUT RELAY BOARD AND POWERED UP. RAN PLLD DIAGNOSTICS AND TESTED THE OVERFILL ALARM -OK. JOB COMPLETE.

Invoice Not Applicable

CFC

Old Type
 Recovered (lbs): Recycled (lbs): Reclaimed (lbs):
 New Type
 Used
 Lbs: Cylinder Serial Number: Comments:

Misc.

Enter Date: Entered By: Store Employee:

Comments

Parts

No parts for this workorder.

Assets

No assets for this workorder.

Misc. Parts

No miscellaneous parts for this workorder.

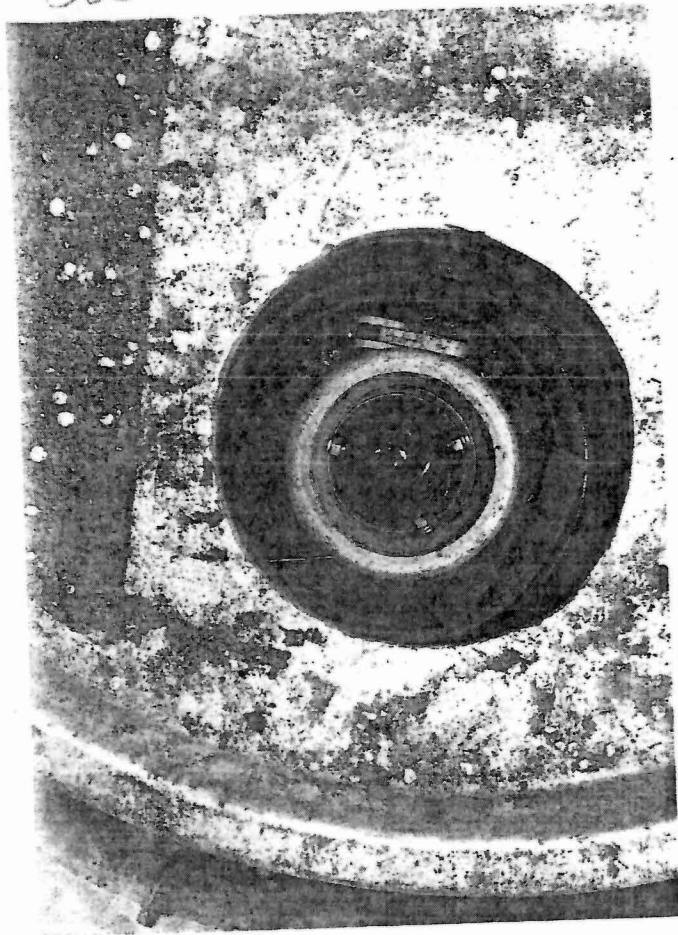
Cost Estimator

Charge	Rate	Quantity	Total
Parts		0	\$0.00
Labor	\$0.0000/hr (Rate)	minutes	\$0.00
Travel	\$0		\$0.00
Tax			0.00
Grand Total:			\$0.00

Invoice

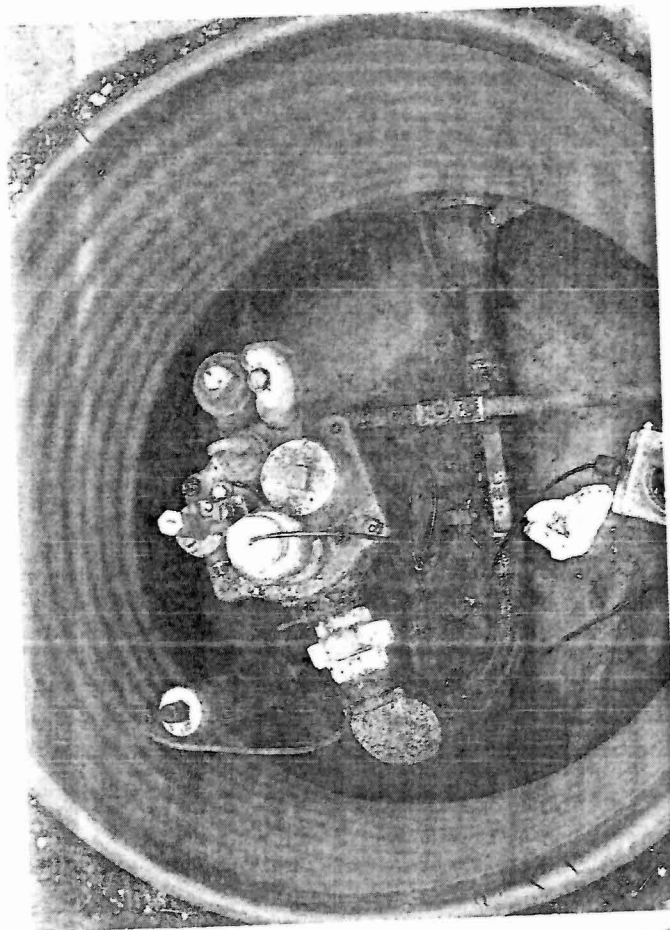
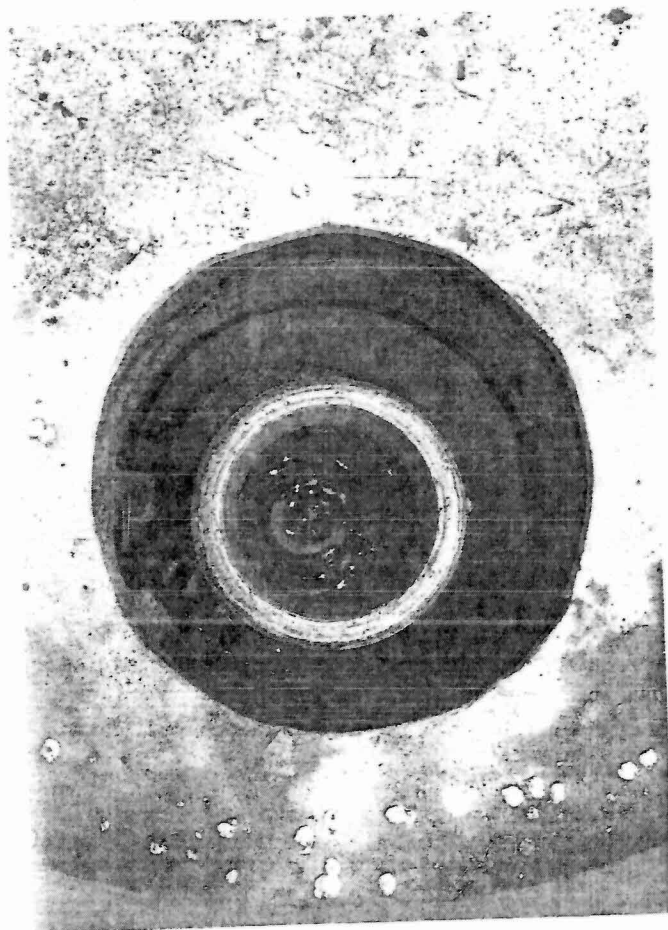
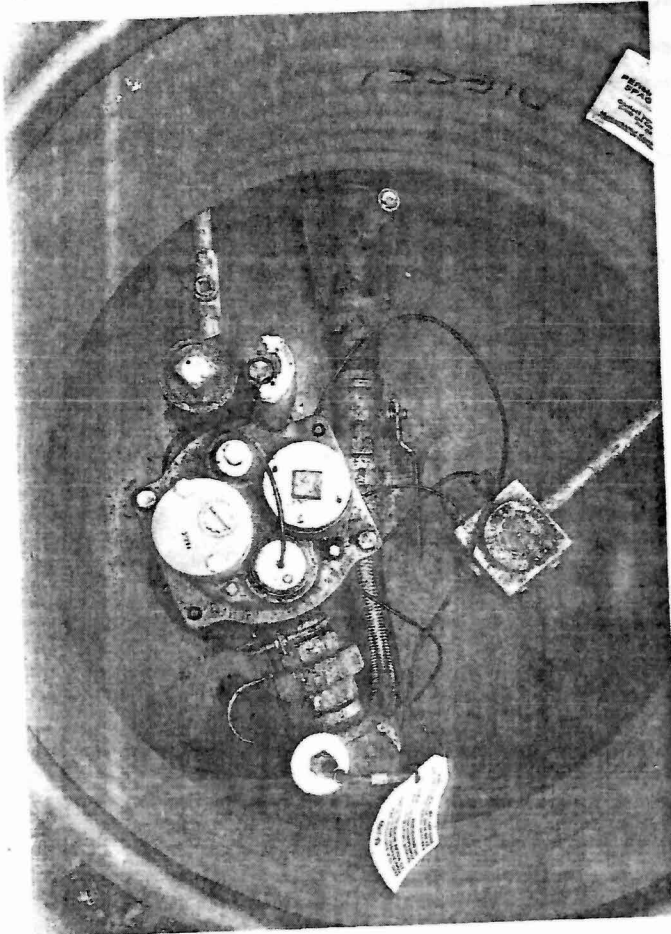
Invoice Number Vendor Amount Invoice Date Approved

035



74710

036

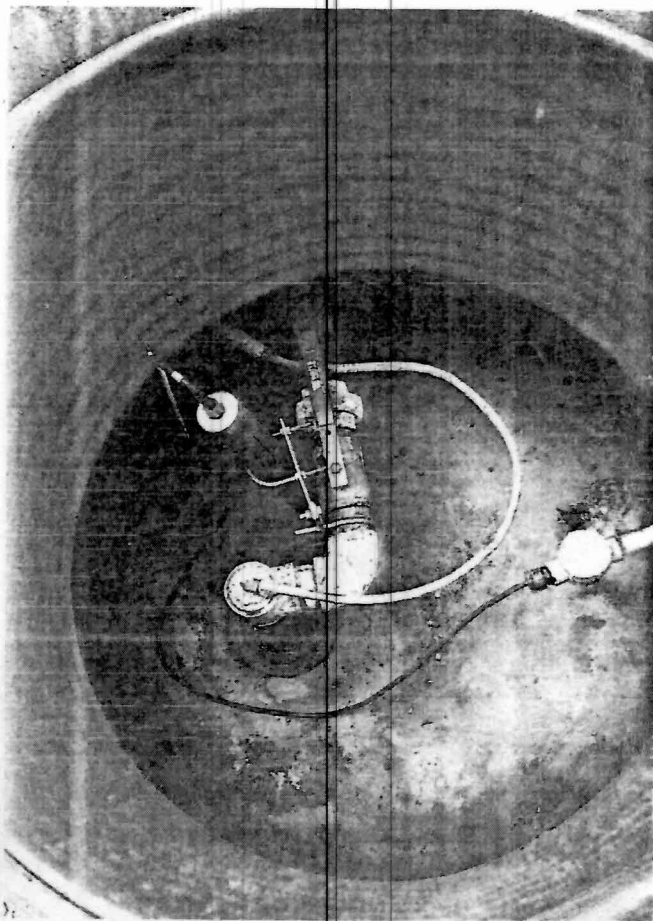
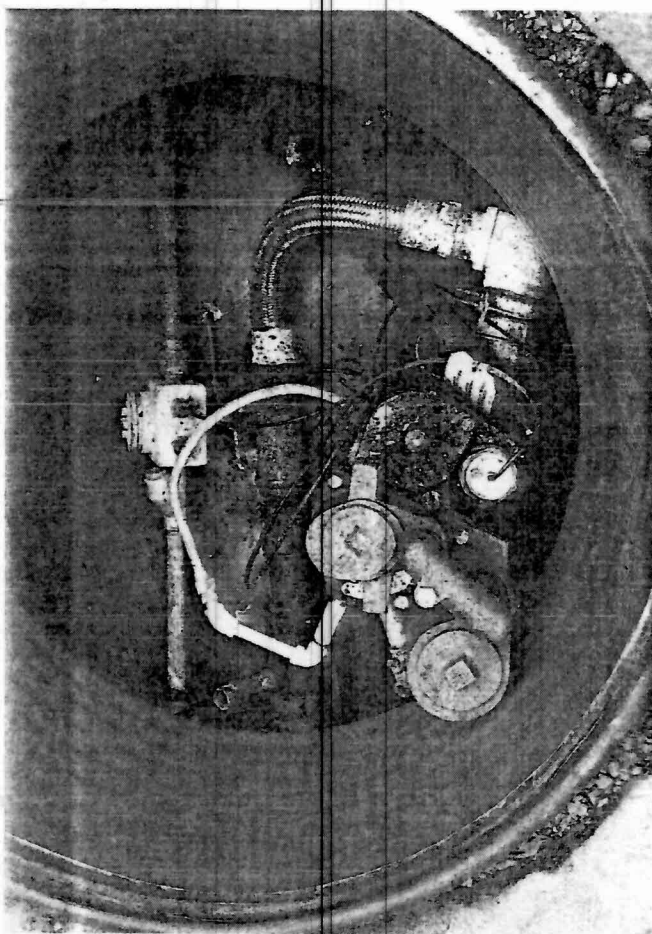
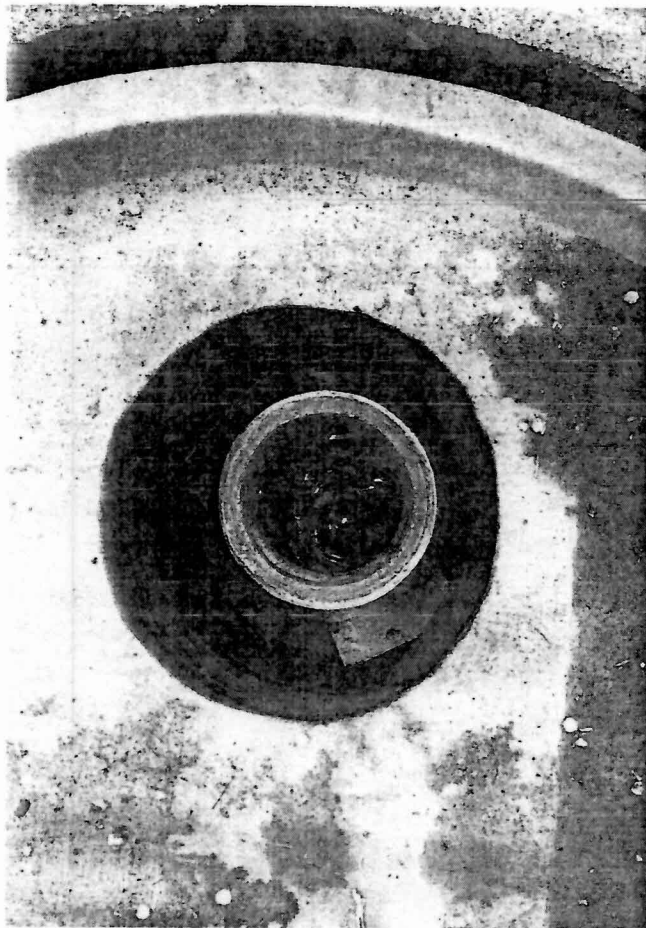


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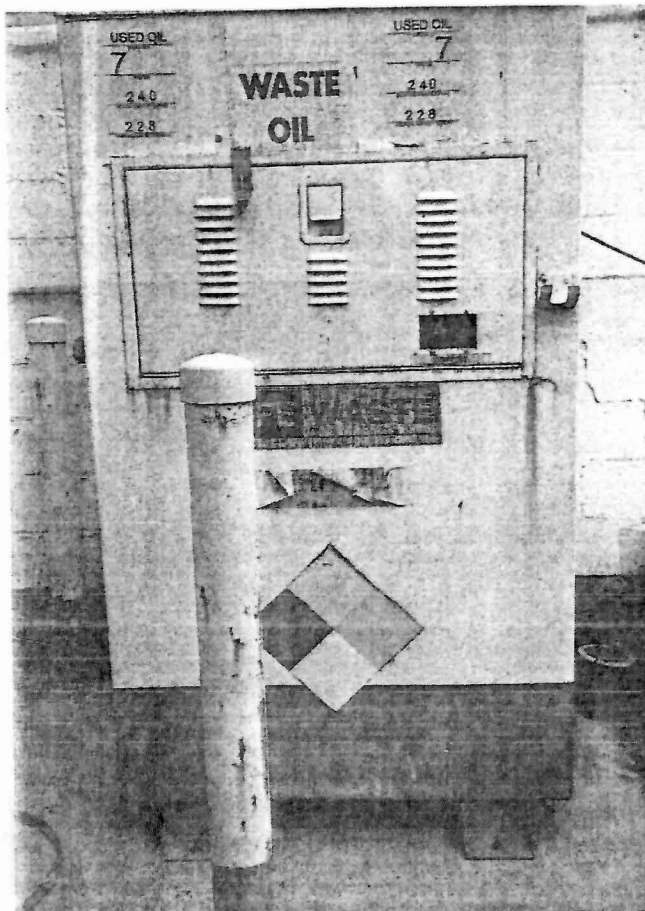
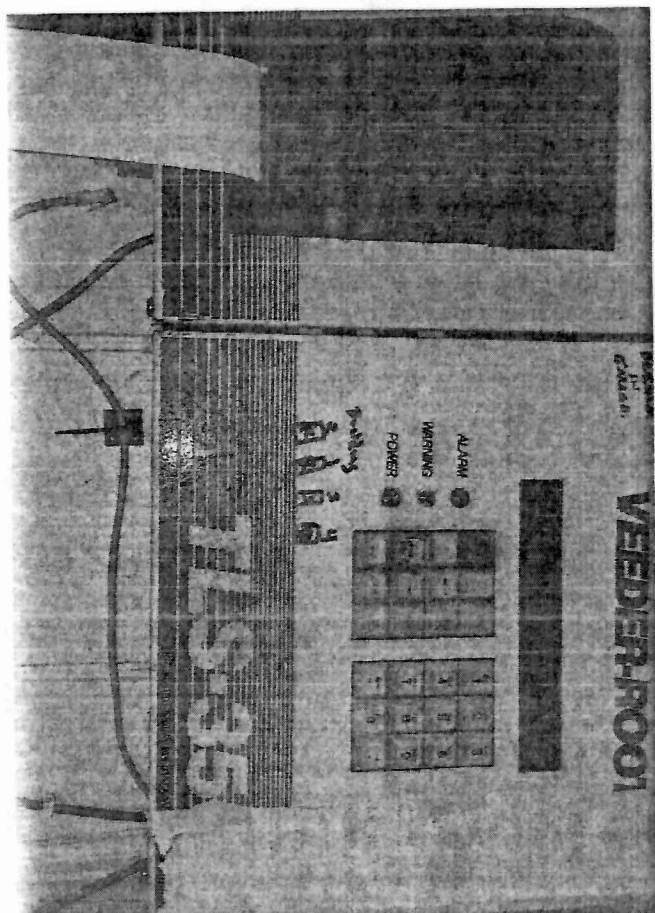
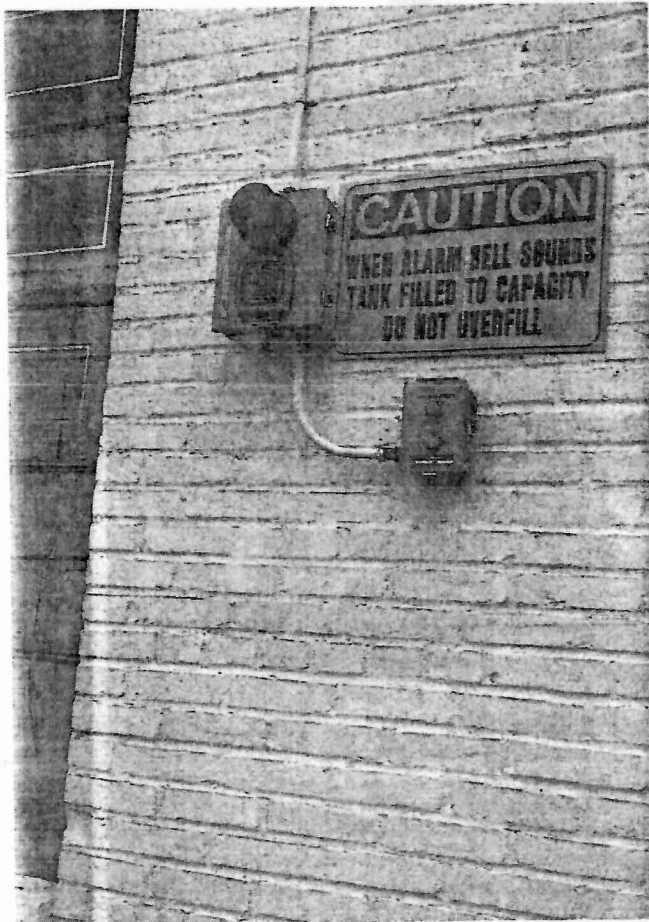
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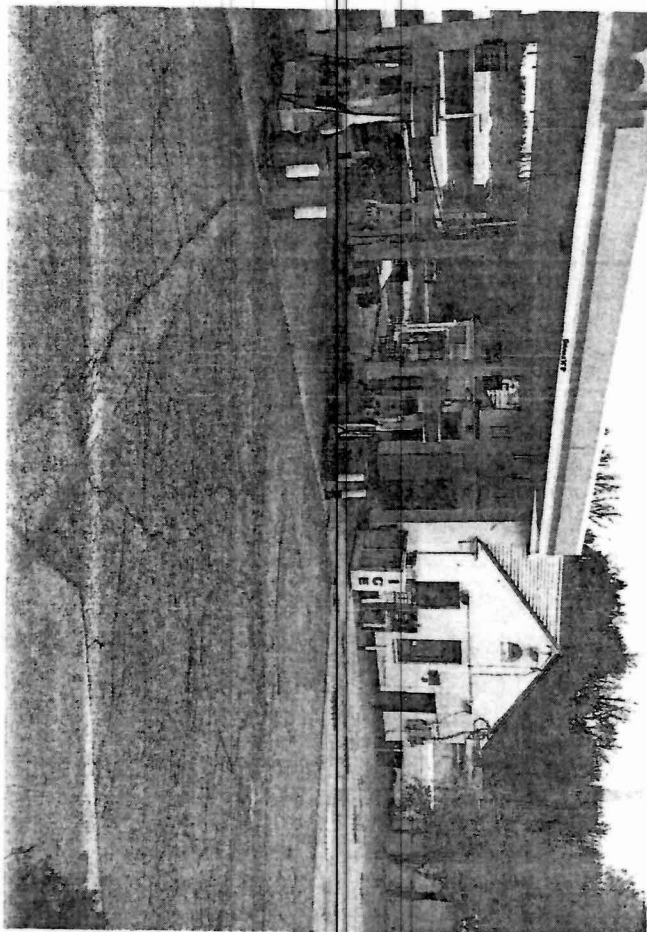


031

042



048



3-176710



047



United States Environmental Protection Agency (EPA)
Region 2
290 Broadway
New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): JEFF BLAIR

DATE: 02/06/13

SIC CODE:

ICIS #:

I. Location of Tank(s) <input type="checkbox"/> Tribal		II. Ownership of Tank(s) <input type="checkbox"/> same as location (I.)	
Facility Name GREENBURGH FOOD MART		Owner Name GREENBURGH FOOD MART INC.	
Street Address 425 DOBBS FERRY ROAD		Street Address 536 MAIN STREET	
City GREENBURGH, NY	State NY	City NEW PALTZ, NY	State NY
Zip Code 10607		Zip Code 12561	
County WESTCHESTER		County	
Phone Number (914) 684-0130	Fax Number	Phone Number (845) 684-0130	Fax Number
Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST		Contact Person(s) SCOTT PARKER, DIRECTOR - FACILITIES	
IIA. Ownership of Other Facilities			
<input type="checkbox"/> Do you own other UST Facilities <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, How many Facilities 36 (NYS) 236		How many USTs 307 (NYS) 857	
III. Notification WESTCHESTER COUNTY DOH (EFFECTIVE THROUGH 03/31/13)			
<input type="checkbox"/> Notification to implementing agency; name State Facility ID # 3-176710			
IV. Financial Responsibility ACE ILLINOIS UNION INSURANCE CO.			
<input type="checkbox"/> State Fund		<input type="checkbox"/> Private Insurance: Insurer/Policy # G2388047	
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit	
<input type="checkbox"/> Local Government	<input type="checkbox"/> Self Insured	<input type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs)	
V. Release History N/A <input checked="" type="checkbox"/>			
<input type="checkbox"/> To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Evidence of release or spills at facility		<input type="checkbox"/> Greater than 25 gallons (estimate)	
<input type="checkbox"/> Releases reported to implementing agency; if so, date(s) [280.53]			
<input type="checkbox"/> Release confirmed; when and how			
<input type="checkbox"/> Initial abatement measures and site characterization		<input type="checkbox"/> Free product removal	
<input type="checkbox"/> Soil or ground water contamination		<input type="checkbox"/> Corrective action plan submitted	
<input type="checkbox"/> Remediation ongoing		<input type="checkbox"/> Remediation completed, no further action; date(s)	
Notes:			

VI. Tank Information	Tank No.	1	2	3	4	5
Tank presently in use		YES				
If not, date last used (see Section XII)						
If empty, verify 1" or less left (see Section XII)						
Capacity of Tank (gal)		10,000 G				
Substance Stored		GASOLINE			DIESEL	
M/Y Tank <u>installed</u> / Upgraded		12/83				#2 FUEL oil
<u>Tank Construction:</u> Bare steel, Stl-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		FRP				
Spill Prevention		SPILL BUCKETS				
Overfill Prevention (specify type)		*NO			AUTO SHUTOFF	
<u>Special Configuration:</u> Compartmentalized, Manifolder		MANIFOLDED		NO		

VII. Piping Information

<u>Piping Type:</u> Pressure, Suction	PRESSURE				
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)	FRP				

Tank and Piping Notes:

VIII. Cathodic Protection

N/A ☒

Integrity Assessment conducted prior to upgrade						
<u>Interior Lining:</u> Interior lining inspected						
<u>Impressed Current:</u> CP Test records						
Rectifier inspection records						
<u>Sacrificial Anode:</u> CP test records						

CP Notes: ✓

Tank No.	1	2	3	4		
IX. UST system used solely by Emergency Power Generator	No					

X. Release Detection N/A ☐

Tank RD Methods	ATG	YES				
	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TTT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TTT					
	SIR					

12 Months Monitoring Records (Must Make Available Last 12 Months For Compliance) * No

Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED 11/12 PREVIOUS MONTHS OF CSU REPORTS, FINDING NO FEB 2012 RESULTS, DIESEL + PREMIUM TANKS HAVE 11/12 MONTHS OF PASSING REPORTS, REGULAR GASOLINE HAS 10/12, MISSING MARCH 2012

TANK MONITOR → VEEVER ROOT UTLS-350R

Pressurized Piping RD Methods	N/A <input type="checkbox"/>					
12 Months <u>Monitoring Records</u>	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					

ALLD PLLD	Annual Line Tightness Test	YES				
	Present	YES				
	Annual Test	YES				

Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED PASSING LEAK DETECTOR AND PRESSURIZED LINE TEST RESULTS (TEST DATE - 07/25/12)

USING PLLD ON ALL PRESSURIZED LINES, TESTING TO 3.0 GAL/Hr, 0.2 GAL/Hr AND 0.1 GAL/Hr

XI. RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐Notes: ☒



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S):

JEFF BLAIR

DATE: 02/06/13

SIC CODE:

ICIS #:

I. Location of Tank(s)	II. Ownership of Tank(s)
<input type="checkbox"/> Tribal	<input type="checkbox"/> same as location (I.)
Facility Name GREENBURGH FOOD MART	Owner Name GREENBURGH FOOD MART INC.
Street Address 425 DOBBS FERRY ROAD	Street Address 536 MAIN STREET
City GREENBURGH, NY	City NEW PALTZ, NY
State NY	State NY
Zip Code 10607	Zip Code 12561
County WESTCHESTER	County
Phone Number (914) 684-0130	Phone Number (845) 684-0130
Fax Number	Fax Number
Contact Person(s) EDGAR AMADOR, ENV. COMP. SPECIALIST	Contact Person(s) SCOTT PARKER, DIRECTOR-FACILITIES

IIA. Ownership of Other Facilities

☐ Do you own other UST Facilities ☒ Yes ☐ No

If Yes, How many Facilities 36 (NYS)
236

How many USTs 357 (NYS)
357

III. Notification

☐ Notification to implementing agency; name WESTCHESTER COUNTY DOH (EFFECTIVE THROUGH 03/31/13)
State Facility ID # 3-176710

IV. Financial Responsibility

ACE ILLINOIS UNION INSURANCE CO.

☐ State Fund ☐ Private Insurance: Insurer/Policy # G2388047
☐ Guarantee ☐ Surety Bond ☐ Letter of Credit
☐ Local Government ☐ Self Insured ☐ Not Required (Federal & State government, hazardous substance USTs)

V. Release History

N/A ☒

☐ To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes ☒ No

☐ Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)
☐ Releases reported to implementing agency; if so, date(s) [280.53]
☐ Release confirmed; when and how
☐ Initial abatement measures and site characterization ☐ Free product removal
☐ Soil or ground water contamination ☐ Corrective action plan submitted
☐ Remediation ongoing ☐ Remediation completed, no further action; date(s)

Notes:

VI. Tank Information	Tank No.	1	2	3	4	5
Tank presently in use		YES				
If not, date last used (see Section XII)						
If empty, verify 1" or less left (see Section XII)						
Capacity of Tank (gal)		10,000G				
Substance Stored		GASOLINE			DIESEL	
M/Y Tank (installed) Upgraded		12/83				#2 FUEL oil
<u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		FRP				
Spill Prevention		SPILL BUCKETS				
Overfill Prevention (specify type)		*NO			AUTO SHUTOFF	
<u>Special Configuration:</u> Compartmentalized, Manifolded		MANIFOLDED		NO		
VII. Piping Information						
<u>Piping Type:</u> Pressure, Suction		PRESSURE				
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)		FRP				
Tank and Piping Notes:						
VIII. Cathodic Protection N/A <input checked="" type="checkbox"/>						
Integrity Assessment conducted prior to upgrade						
<u>Interior Lining:</u>	Interior lining inspected					
<u>Impressed Current:</u>	CP Test records					
	Rectifier inspection records					
<u>Sacrificial Anode:</u>	CP test records					
CP Notes: ✓						

Tank No.	1	2	3	4		
IX. UST system used solely by Emergency Power Generator	NO					

X. Release Detection

N/A ☐

Tank RD Methods

ATG	YES					
Interstitial Monitoring						
Groundwater Monitoring						
Vapor Monitoring						
Inventory Control w/ TTT						
Manual Tank Gauging						
Manual Tank Gauging w/ TTT						
SIR						

12 Months (Must Make Available Last 12 Months Monitoring Records For Compliance)

* NO

Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED 11/12 PREVIOUS MONTHS OF CSLD REPORTS, FINDING NO FEB 2012 RESULTS, DIESEL + PREMIUM TANKS HAVE 11/12 MONTHS OF PASSING RESULTS, REGULAR GASOLINE HAS 10/12, MISSING MARCH 2012

TANK MONITOR →

VEENER ROOT
UTLS-350R

Pressurized Piping RD Methods

N/A ☐

Interstitial Monitoring						
Groundwater Monitoring						
Vapor Monitoring						
SIR						

12 Months Monitoring Records

Annual Line Tightness Test	YES					
Present	YES					
Annual Test	YES					

ALLD PLLD

Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED PASSING LEAK DETECTOR AND PRESSURIZED LINE TEST RESULTS (TEST DATE - 07/25/12)
USING PLLD ON ALL PRESSURIZED LINES, TESTING TO 3.0 GAL/HR, 0.2 GAL/HR AND 0.1 GAL/HR

XL RepairsN/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐**XII. Temporary Closure**N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐Notes: ☒

3-176710



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST
PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report
Inspection of Underground Storage Tanks (USTs)

- ☐ No violations observed at the conclusion of this inspection.
- ☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Violations Observed:

Regulatory Citation	Violation Description
§ 230.21(d)	FAILURE TO PROVIDE OVERFILL PREVENTION SYSTEM FOR AN
§	EXISTING TANK
§ 230.45	FAILURE TO MAINTAIN RECORDS OF RELEASE DETECTION
§	MONITORING
§	
§	
§	
§	

Actions Taken:

- ☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

NO VERIFICATION OF OVERFILL PREVENTION FOR THREE
GASOLINE TANKS
TWO CSD RECORDS FOR ONLY 11/12 PREVIOUS MONTHS FOR
~~THREE~~ TANKS, ONLY 10/12 MONTHS FOR REGULAR UNLEADED

Name of Owner/Operator Representative:

Edgar Amador
(Please print)

[Signature]
(Signature)

Other Participants:

Name of EPA Inspector/representative

JEFFREY K BLAIR
(Please print)

[Signature]
(Signature)

(Credential Number)

Date of Inspection 02/06/13 Time 1:15 AM/PM

SITE DRAWING

DATE: 02/06/13 TIME ON SITE: 12:35 PM TIME OFF SITE: 1:15 PM

WEATHER: 30° + OVERCAST

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒
If "Yes", please describe:

(SEE ATTACHED DIAGRAM)

PHOTOS

- 113 FP RSC (BLU)
- 114 STP REG (BLU)
- 115 FP REG (MST)
- 116 STP REG (MST)
- 117 FP PRE
- 118 STP PRE
- 119 FP DIE
- 120 STP DIE
- 121 HLA
- 122 FUEL PAD
- 123 INSIDE DISPENSER
- 124 TANK MONITOR
- 125 SITE

☒ Pictures

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? **YES**

Deficiencies observed: (Put an X for each observed deficiency)

☒ Potential failure to complete or submit a notification, report, certification, or manifest

☒ Potential failure to follow or develop a required management practice or procedure

☒ Potential failure to maintain a record or failure to disclose a document

☒ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes** / No

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes** / No

If yes, what actions were taken?

WILL HAVE BALL FLOAT VALVES ACCESSSED + PHOTOGRAPHS
TAKEN TO VERIFY OVERALL PREVENTION

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? **Yes** / No

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **Yes** / No

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]			✓
		<input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable) [280.20(c)(1)(ii)(A), 280.21(d)] <input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)] <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)] <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure <input type="checkbox"/> CP System is properly operated and maintained <input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.	✓		

Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected. For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]: <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input checked="" type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)] INSTALL DATE USTRI AS: 12/83 <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)] For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/> Tank and piping meet new UST requirements [280.21(a)(1)] <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)] <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]			

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance?		
			N/A	Y	N
I. Release Detection Method Presence and Performance Requirements	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]		✓	
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]		✓	
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
II. Release Detection Testing	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
III. Hazardous Substance UST Systems	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
IV. Temporary Closure	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			A. Inventory Control with Tank Tightness Testing (T.T.T) <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]

Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurize d Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			B. Automatic Tank Gauge (ATG) <input type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input checked="" type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
<input type="checkbox"/>			C. Manual Tank Gauging (MTG) <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Tightness Testing (Safe Suction piping does not require testing) <input type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <input type="checkbox"/> Tanks - every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Ground Water or Vapor Monitoring <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Interstitial Monitoring <input type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] <input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]

Release Detection Compliance Measures Matrix

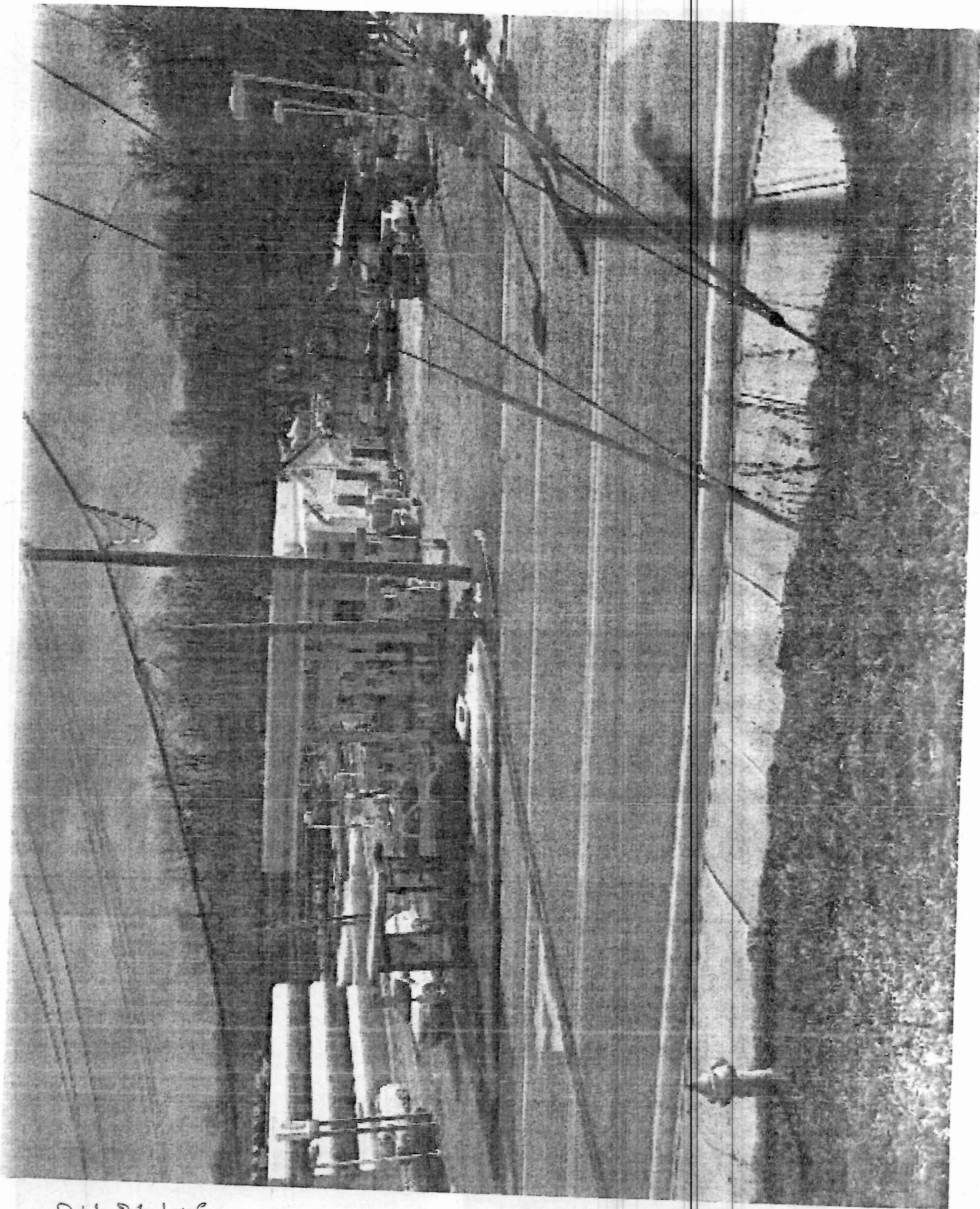
Worksheet (Continued) - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		G. Automatic Line Leak Detector (ALLD) <input type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)] <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

Notes: N/A - Indicates that the measure is not applicable.

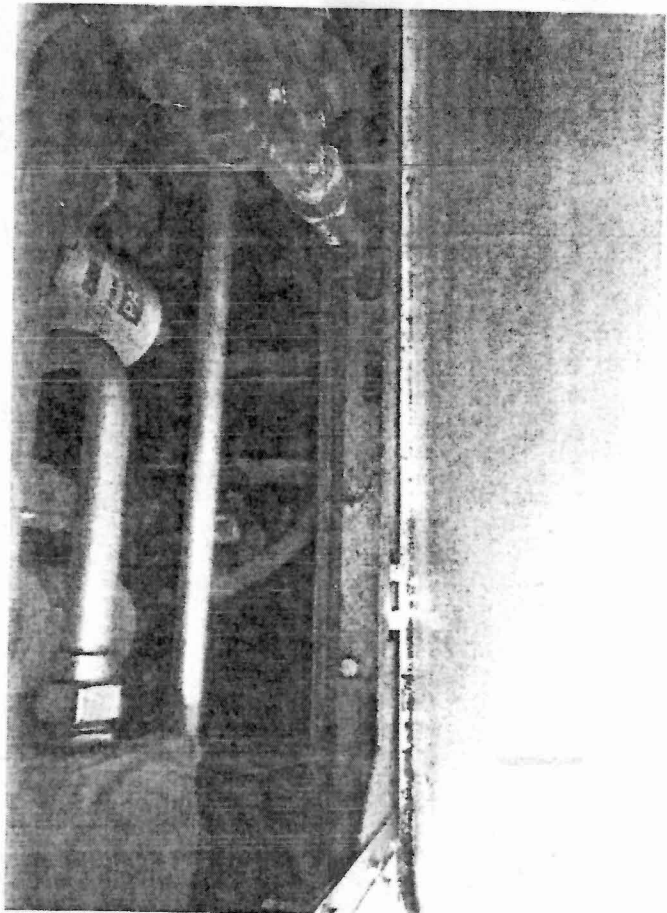
Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

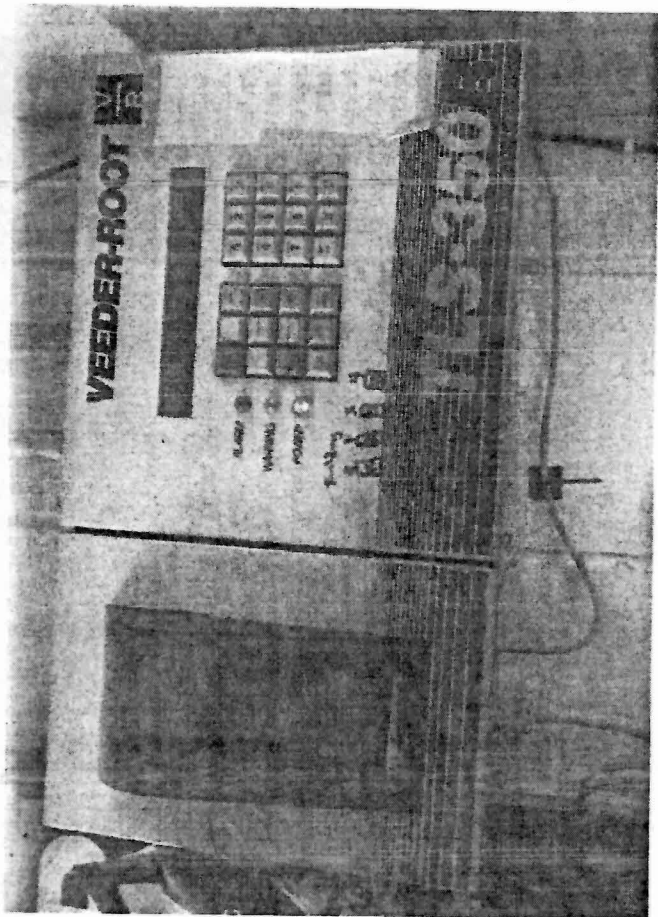


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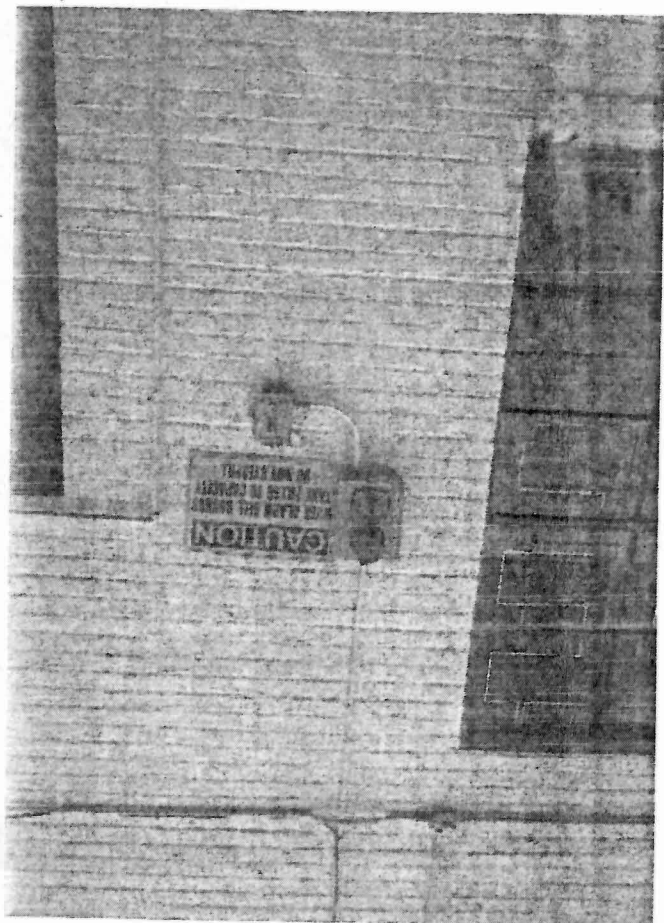
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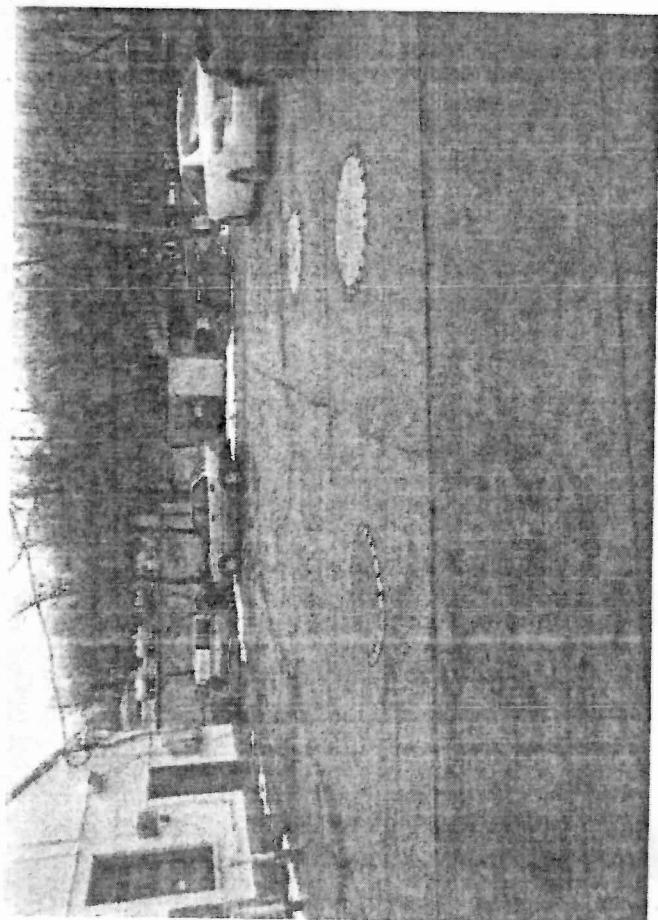
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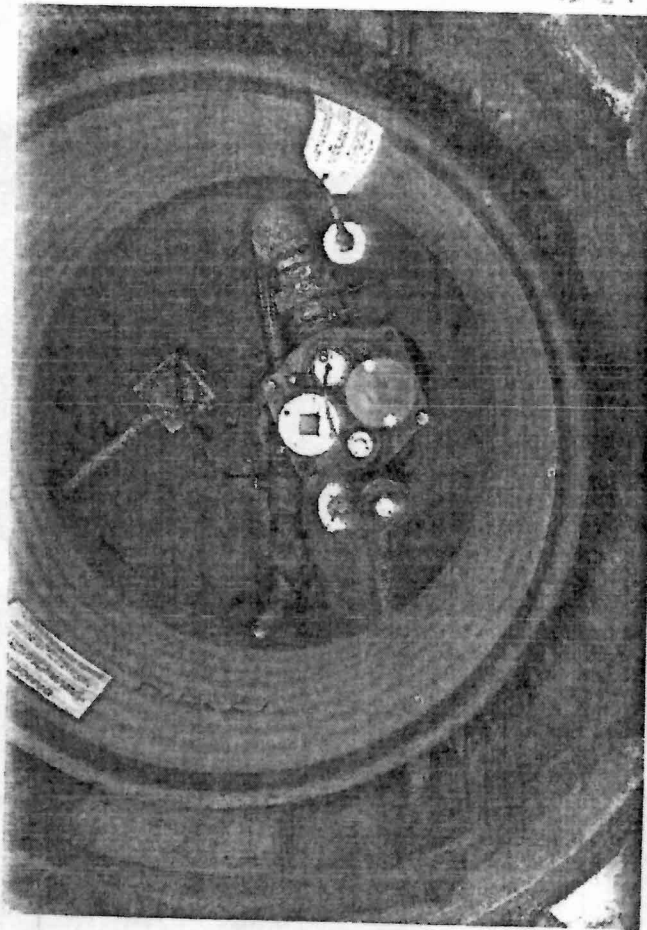


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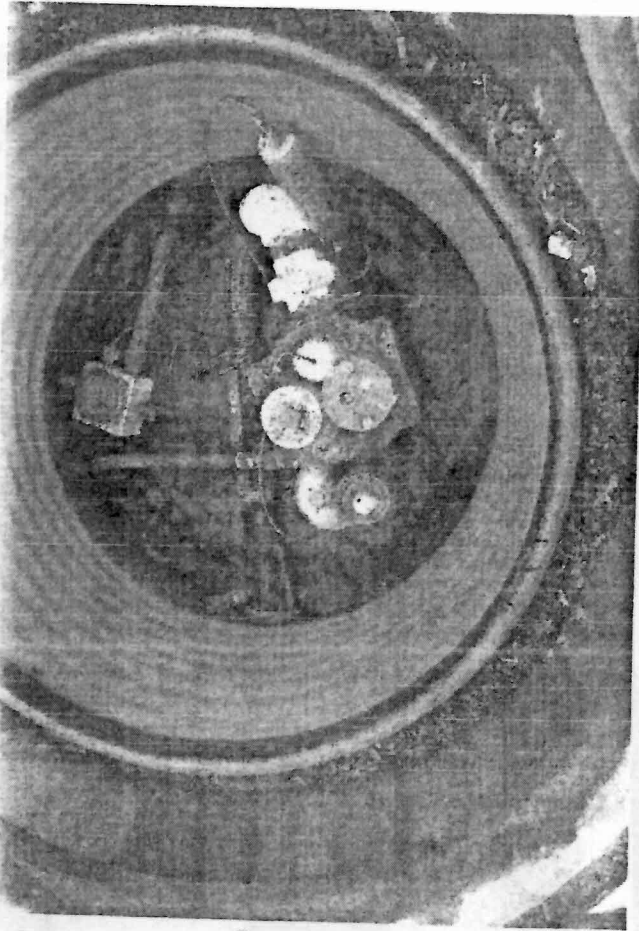
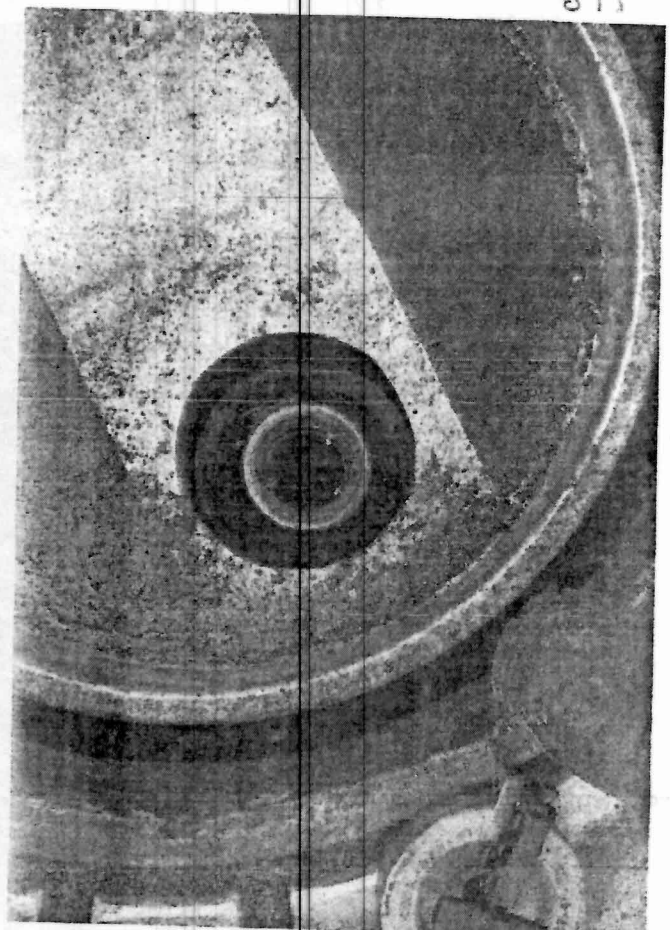


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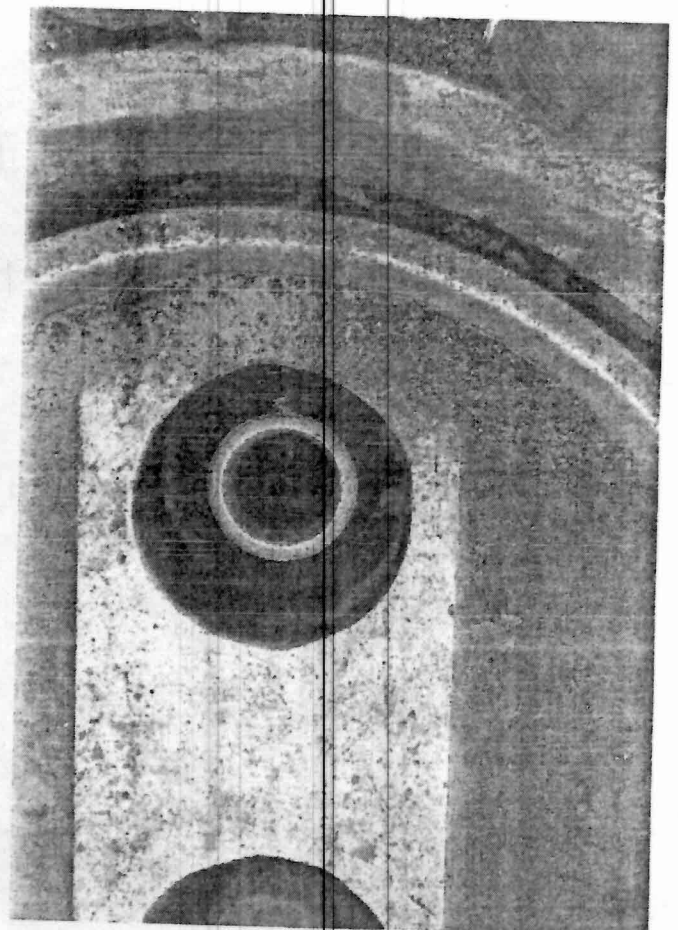


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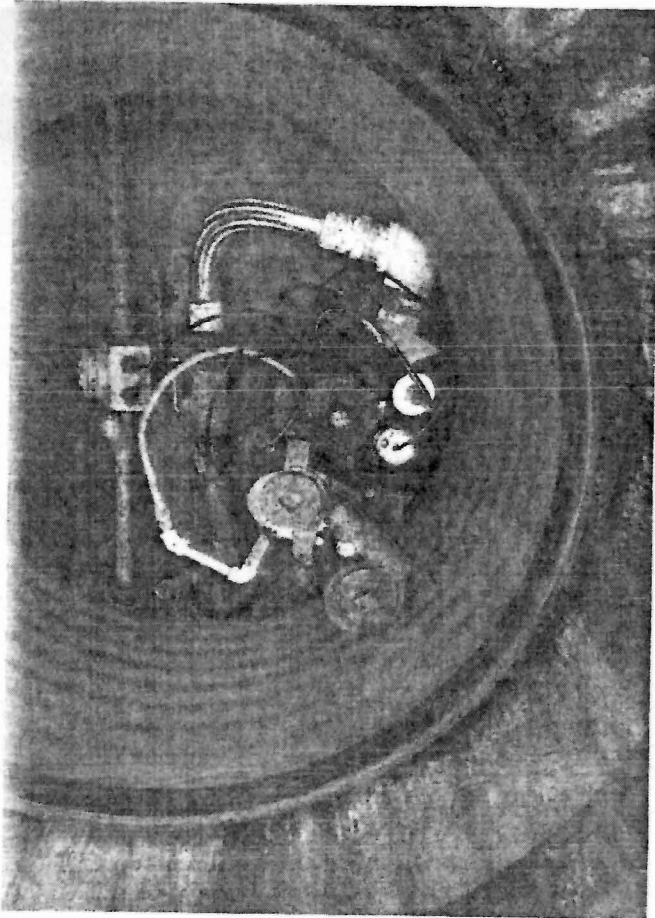
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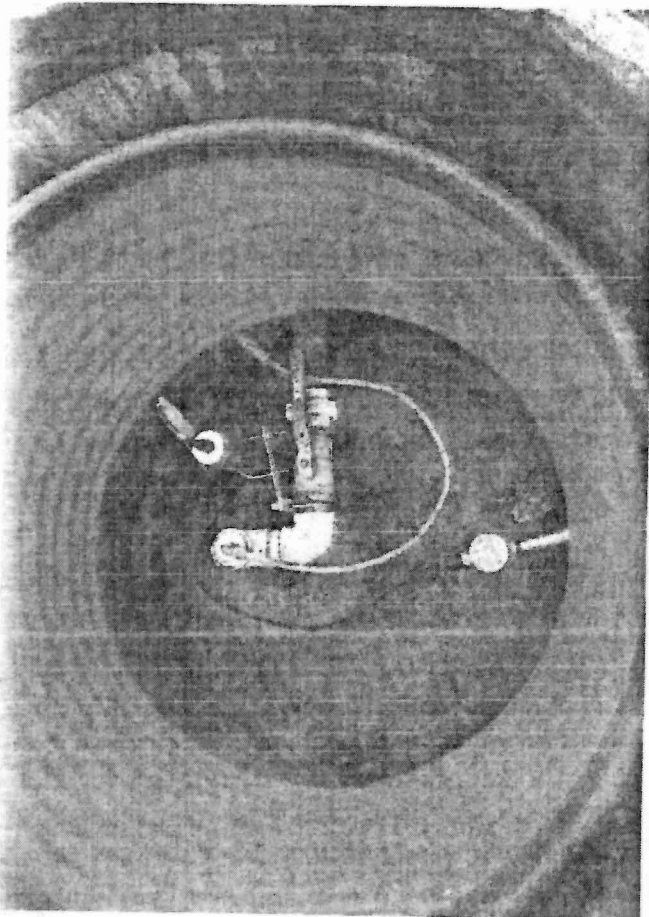
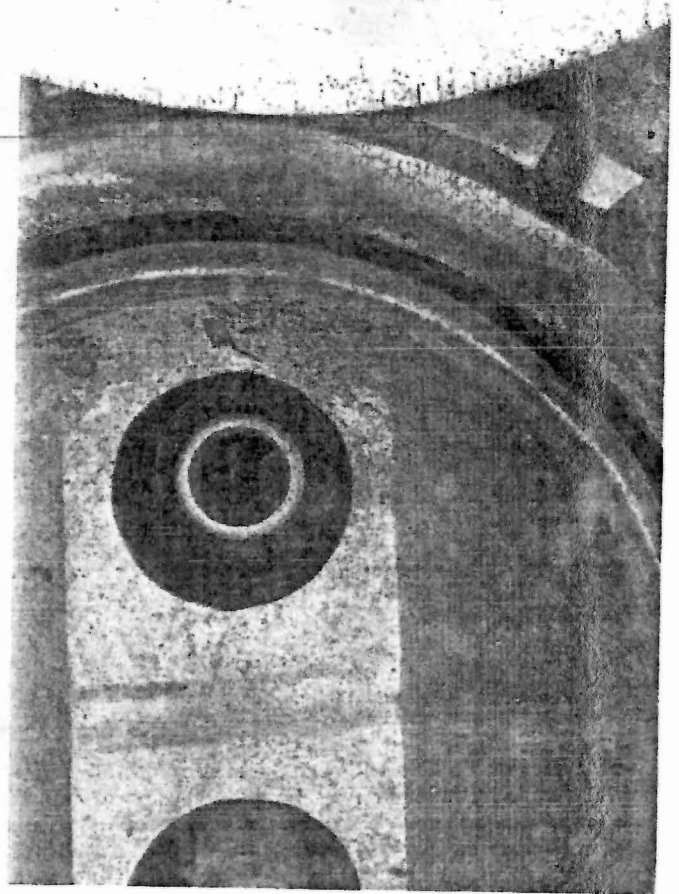


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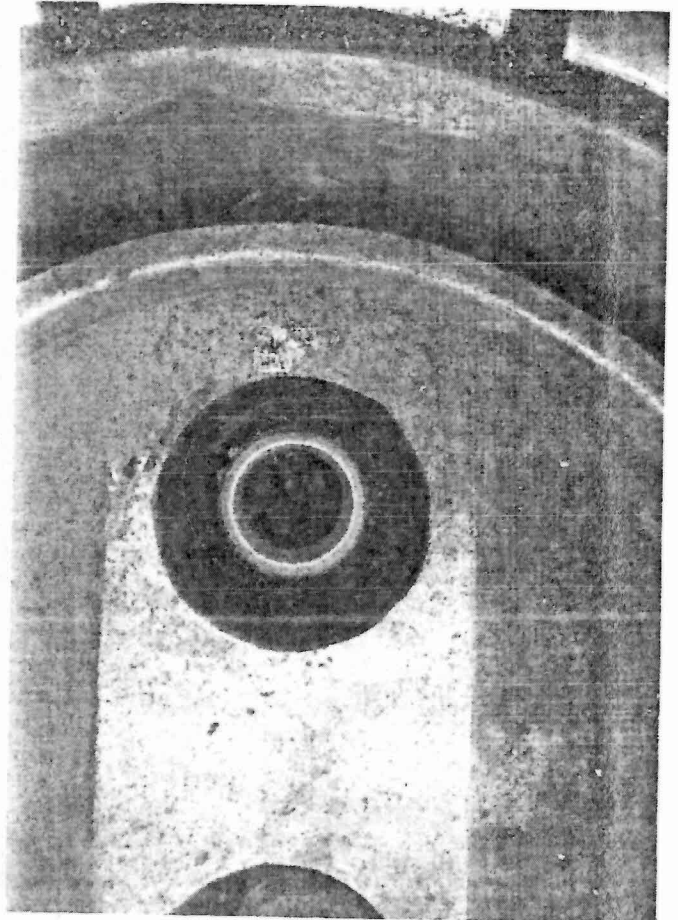


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101



113